

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033231

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 291 Primary Registration District No. 5989 Registrar's No. 73

FILED AUG 26 1963

VS 300
Rev. 4/59

1 0860

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Grant-Tmp.		Length of stay in 1b life	c. CITY OR TOWN Rural-Grant-Tmp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Coatsville, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Coatsville, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Jacob Hill			4. DATE OF DEATH Month Day Year Aug. 10, 63
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-28-80
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 9 Days 12	IF UNDER 24 HR Hours 12 Min..
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Mo.	11. BIRTHPLACE (City and state or country) USA
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME John H. Hill	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Kate Rash	
14. NAME OF HUSBAND OR WIFE Lovica Hill		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Bob Hill-Ottumwa, Iowa.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Heart failure			6 weeks
DUE TO (b) Coronary artery disease			indef.
DUE TO (c) Generalized arteriosclerosis			indef.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture, right femoral neck.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) fell to the floor in kitchen at home.	
20c. TIME OF INJURY Hour a.m. p.m. 5/19/63	Month, Day, Year 5/19/63		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Coatsville, Mo.	COUNTY STATE Putnam Mo.
21. I attended the deceased from 5/19/63 to 8/10/63 and last saw him alive on 7/20/63 Death occurred at 4:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. R. Mincks, M.D.		22b. ADDRESS Gilfillan Clinic Bloomfield, Iowa	22c. DATE SIGNED 8/12/63
23a. BURIAL, CREMATION, REMOVAL (Specify) B.	23b. DATE 8-13-63	23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem.	23d. LOCATION (City, town, or county) (State) Schuyler Co. Mo.
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 8-13-63	26. REGISTRAR'S SIGNATURE Marshall Durbin

UNOFFICIAL

STATE OF MISSOURI

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Muel E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.